

Dear Provider:

In May, the Department of Community of Health informed the provider community of the Uncompensated Care Pool (UCCP). Pool funds will be used to reimburse providers for medically necessary services and supplies rendered to hurricane Katrina evacuees.

Beginning **July 17, 2006**, the Department of Community of Health will start accepting claims. Claims will be accepted until **August 31, 2006**. In order to obtain reimbursement for uncompensated care costs, please note the following:

Provider Enrollment

Providers seeking reimbursement must be enrolled in Georgia's Medicaid program at the time the claim is filed. Those not enrolled in the program must do so before the Department pays for care costs. To request a provider enrollment application or enrollment documents, use one of the following methods.

Mail: ACS
Provider Enrollment Unit
Post Office Box 4000
McRae, Georgia 32055-4000

Telephone: Toll-free- 1-800-766-4456
Metro Atlanta- (404) 298-1228

Download: <http://ghp.georgia.gov> –Click on “Provider Enrollment” and then click on “Documents and Forms”.

E-mail: <http://ghp.georgia.gov>- Click on “Contact Us”.

Apply Online: <http://ghp.georgia.gov>- Click on “Provider Enrollment” and then click on “Enroll as a Provider”.

Facsimile: Toll-free 1-800-309-0935

As part of the enrollment process, providers are requested to complete and return with their enrollment documents, the Request for Reimbursement for Uncompensated Care form. This document is attached. It will alert our Enrollment staff that retroactive enrollment is needed.

The Department of Community Health will not honor or pay any claims submitted by providers, not enrolled in the Georgia Medicaid program, at the time the claim is filed. If

the provider is not enrolled in the program when the claim is filed, the claim will be returned.

Claims Submission

Claims Forms

All claims will be paid consistent with Medicaid reimbursement rates. Additionally, they must be filed manually, using appropriate claim forms (Dental/ADA, Hospital/UB-92, Professional Services/CMS 1500, and Pharmacy Universal Claim form). These documents can be obtained by accessing the Georgia Health Partnership website at www.ghp.georgia.gov. Once inside the site, access Provider Information, then Documents and Forms. Please note that the Pharmacy Universal Claim Form (DAH 2pt) may be obtained by contacting Moore North American at 1-800-635-9500.

Since operation of the pool is short term, the Department of Community Health **will not accept** any electronic claims. Providers filing claims should include the following data on all forms.

- a) Individual's name
- b) Social Security Number, if available
- c) Date of birth
- d) Sex
- e) Address at the time the service was rendered
- f) Former address in the emergency area- This should be recorded in the upper or lower right portion of the claim form.
- g) Date(s) of service
- h) Service(s) rendered
- i) Any other identifying data that would assist the Department of Community Health in establishing the individual's identity in the absence of any of the items stated in a through h.

Claims missing information, specified in items a through i, will not be processed and returned to the provider. For dental and vision services and durable medical equipment and supplies, the Department will reimburse only if the service or item was rendered on an emergency basis. Providers are required to submit clinical documentation to support the necessity and emergent nature of the service or item provided. With dental claims, x-rays must accompany the documentation packet.

The Department will not reimburse for emergency dental and vision services and durable medical equipment and supplies if supporting clinical documentation is not submitted with the claim.

Attestation Document (Request for Reimbursement for Uncompensated Care)

To claim reimbursement under the pool, providers must not have received prior payment(s) for their charges. They must attest to this by completing another form, **Request for Reimbursement for Uncompensated Care**, in its entirety. This document must be submitted with the claim.

A copy of the **Request for Reimbursement for Uncompensated Care** document is attached to this message. It may be photocopied. Additionally, it can be obtained from the Georgia Health Partnership website under Documents and Forms. Please note that the Department will return claims, if the **Request** is incomplete or not submitted with the claim.

Mailing Instructions

As previously stated, the Department of Community Health will accept claims from **July 17, 2006, through August 31, 2006.** Only “paper claims” will be honored. These should be mailed to:

Georgia Department of Community Health
Division of Medical Assistance
Medicaid Eligibility
Post Office Box 38420
Atlanta, Georgia 30334

Providers are encouraged to submit their claims within the specified dates. Claims submitted after **August 31, 2006**, will not be reviewed or paid. First payments are expected to be mailed around the middle of October.